

IMMEDIATE REPORT BY CLINICAL SUPERVISOR

The Immediate Report is to be completed by the Supervisor and submitted immediately to the RCDSO.

TO:

[Royal College of Dental Surgeons of Ontario]

FROM:

[Clinical Supervisor]

DATE:

RE:

IMMEDIATE REPORT

[Dentist Name]

BACKGROUND INFORMATION

Dr.

referred to as “the supervisee”, is under clinical supervision as specified by:

Emergency Class Registration Requirements

OR the undertaking dated _____ ;

OR the order dated _____ ;

OR the decision and reasons of the
Inquiries, Complaints and Reports Committee dated _____ ;

OR the decision and reasons of the Discipline Committee dated _____ .

REASON FOR THE REPORT:

Please select all that apply:

- Concerns that the supervisee's clinical performance, conduct, or health may expose patients or others to risk of harm or injury;
- Concern that the supervisee may be incapacitated;
- Concern that the supervisee requires supervision at a higher level than specified
- Failure of the supervisee to comply with the terms of the Undertaking and supervision arrangement (such as missing meetings with the supervisor; not implementing the supervisor's recommendations; not providing patient charts for review; not cooperating with the supervisor)
- The relationship with the supervisee has broken down
- The supervisor is unable to continue in their role (for reasons such as the supervisor is no longer able to provide the level of supervision required by the Undertaking or supervised practice plan; a new conflict of interest; the supervisor has become a subject of a complaint or investigation).
- Other

Please provide specific details to support reason for the immediate report:

Have you raised these concerns with the supervisee? Please provide details of this discussion.